

K-0105

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Confirmation No.:

5612

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Group Art Unit:

2743

Serial No.: 09/395,207

Examiner:

Young N. WON

Filed:

September 14, 1999

Customer No.: 34610

For: NETWORK MANAGEMENT SYSTEM AND METHOD

U.S. Patent and Trademark Office 2011 South Clark Place Customer Window, Mail Stop Amendment Crystal Plaza Two, Lobby, Room 1B03 Arlington, VA 22202

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Dear Sir:

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Technology Center 2100

Transmitted herewith is an Amendment and/or Reply in the above identified application.

No additional fee is required.

Also attached:

The fee has been calculated as shown below:

	NO. OF CLAIMS	HIGHEST PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	FEE
Total Claims	17	20		x \$18 =	\$.00
Independent Claims	3	3		x \$86=	\$.00
If multiple claims newly presented, add \$290.00					
Fee for extension of time					
		TOTAL FEE DUE			\$0.00

		Please charge my Deposit Account No submitted herewith.	. <u>16-0607</u> in the amount of \$.	An additional copy of this	transmittal sheet is
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A check in the amount of \$ _____(Check #____) is attached.

The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment, to Deposit Account No. <u>16-0607</u>, including any filing fees under 37 C.F.R. 1.16 for presentation of extra claims and any patent application processing fees under 37 C.F.R. 1.17.

Respectfully submitted, FLESHNER & KIM, LLP

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Date: April 28, 2004

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